

**APPLICANT FINGERPRINT
FOLLOW—UP REQUEST**

Submit in Duplicate To: *Department of Justice
Bureau of Criminal Identification
Attention: Applicant Control Unit
Record Control Section
P.O. Box 903417
Sacramento, CA 94203-4170*

APPLICANT AGENCY AND ADDRESS	NAME OF PERSON MAKING REQUEST
	TELEPHONE NUMBER
	TODAY'S DATE
FACILITY NAME	OCA (FACILITY NUMBER/IDENTIFICATION NUMBER)

This agency submitted Applicant Fingerprints to:

- ☐ The Bureau of Criminal Identification
- ☐ The Federal Bureau of Investigation

A period of 45 days has elapsed since we submitted this request and no reply has been received. Please search your files and advise this agency of the status and results of that request.

APPLICANT'S NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SEX	HEIGHT	WEIGHT
CII NUMBER (IF KNOWN)	CONTRIBUTING AGENCY NUMBER	DRIVER'S LICENSE NUMBER	DATE PRINT SUBMITTED		

REPLY

Your fingerprint follow-up request was processed through bureau files. Based upon the applicant's name and date of birth, the results of that search are as follows:

- ☐ A search of bureau files did not locate the requested fingerprints. Please resubmit new fingerprints.
- ☐ A search of bureau files did show that fingerprints were received and processed. The results of that request are attached.
- ☐ A search of bureau files did not locate the requested fingerprints. However, our file does contain a request from your agency dated _____, for this applicant for the same type of clearance. Attached is a copy of the current record transcript for this applicant.
- ☐ Other (specify) _____